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WESTMORLAND COUNTY COUNCIL

Annual Report

of the

**County Medical Officer of Health
and Principal School Medical Officer**

1967

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COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.

November 1968.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT, 1967

This is only the second year since 1911 (the earliest year for which records are available) in which the live-birth rate exceeded the average for England and Wales. This is a welcome sign and it is to be hoped that it will continue. The death rate of infants also compares favourably this year with the national average, being 13.0 as against 19.3 for the whole country. I am again glad to report that there were no deaths connected with childbirth. The causes of death remains unchanged, heart disease, cancer and cerebral haemorrhage being the chief diseases, in that order.

The Midwifery situation is now beginning to pose a problem. The Ministry of Health target was for 70% of all confinements to take place in an Institution. In Westmorland that figure has already been passed and it may be that the few confinements within the districts are insufficient for the nurses to retain that skill which is so requisite.

Full use of the Chiropody service has been made, and such is the demand for treatment that consideration may have to be given to extending the scope of the service when finance becomes available.

The Cervical Cytology Clinic has proved its worth not only in the detection of malignancy, but also for the numerous non-malignant conditions which have been brought to light. It is a little disappointing to find that public interest in this valuable service is tending to wane.

The results of the B.C.G. scheme merit attention. The number of children shown to have been infected with Tuberculosis has declined from 34 in 1955 to 3.6 in 1967, and it is to be hoped that this figure can be improved on.

In conclusion, the other services under the aegis of the Health Department have functioned quietly and efficiently throughout the year.

I have the honour to be,

Your obedient Servant,

JOHN A. GUY,

County Medical Officer of Health
and Principal School Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1967

Name	Qualifications	Office	Whole or		Other Offices
			Part Time	Part Time	
John A. Guy	.. M.D., D.P.H.	.. County Medical Officer..	Whole	Principal School Medical Officer	
I. S. Bailey	.. M.A., M.R.C.S., L.R.C.P., D.P.H.	.. Deputy County Medical Officer ..	Whole	Deputy Principal School Medical Officer	
R. Douglas Young	.. M.D., M.R.C.P.	.. Tuberculosis Officer ..	Part	Consultant Chest Physician	
W. Hugh Morton	.. M.B., Ch.B., D.P.H.	.. Tuberculosis Officer ..	Part	Consultant Chest Physician	
M. D. McGarry	.. L.D.S.	.. Principal Dental Officer	Whole	Principal School Dental Officer	
D. J. Harrison	.. B.D.S.	.. Dental Officer ..	Whole	School Dental Officer	
J. B. Millar	.. B.D.S., L.D.S.	.. Dental Officer ..	Whole	School Dental Officer	
B. C. Tomlinson	.. L.D.S., R.C.S.	.. Dental Officer ..	Whole	School Dental Officer	
P. G. Holloway	.. Social Science Certificate ..	.. Mental Welfare Officer ..	Whole	—	
A. Matthews	.. S.R.N., R.M.N.	.. do.	Whole	—	
E. Nicoll	.. S.R.N., S.C.M., H.V.Cert.	.. Superintendent Nursing Officer ..	Whole	—	
S. M. Head	.. Diploma in Institutional & Catering Management ..	.. Home Help Organiser ..	Whole	—	
E. Bland	.. S.R.Ch., F.R.S.H.	.. Chiropodist ..	Whole	—	
H. M. Wrigley	.. L.Ch., S.R.Ch.	.. Chiropodist ..	Whole	—	

(Commenced 1.8.67)

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	..	..	504,917
Population (Registrar-General's estimate of resident population, mid-1967)	..	..	68,030
Total Rateable Value as on 1st April, 1967	..	..	£2,351,020
Estimated product of a Penny Rate (General County) for the financial year 1967-68	..	..	£9,397

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1967

		Total.	Males.	Females.
Live Births—Legitimate	..	1035	533	502
Illegitimate	..	86	43	43
		<hr/>	<hr/>	<hr/>
		1121	576	545
		<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 of the estimated resident population .. 18.6

Birth Rate, England and Wales, 17.2

Illegitimate Live Birth per cent of total live births, 8.5

		Total.	Males.	Females.
Stillbirths	..	10	5	5
Rate per 1,000 total live and stillbirths	..	9.0		
Stillbirth Rate, England and Wales	..	14.8		

		Total.	Males.	Females.
Total Live and Stillbirths	..	1131	581	550

		Total.	Males.	Females.
Deaths of Infants under 1 year of age	..	15	7	8

Death-rate of Infants under 1 year of age:

All infants, per 1,000 live births .. 13.0

Legitimate infants, per 1,000 legitimate live births .. 5.8

Illegitimate infants, per 1,000 illegitimate live births.. 11.6

Infant Death Rate, England and Wales, 18.3

		Total.	Males.	Females.
Neo-Natal Deaths (under four weeks)	..	13	6	7

Rate per 1,000 live births, 5.4

Neo-Natal Mortality Rate, England and Wales, 12.5

Early Neo-Natal Mortality Rate (deaths under one week):

Rate per 1,000 live births .. 5.4

Perinatal Mortality Rate (stillbirths and deaths under one week):

Rate per 1,000 total live and stillbirths .. 14.1

Deaths from Pregnancy, Childbirth or Abortions .. Nil

Rate per 1,000 total (live and still) births .. Nil

Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births, 0.20

			Total.	Males.	Females.
Total Deaths	..	..	856	397	459
Death Rate per 1,000 of the estimated resident population	..				11.0
Death Rate, England and Wales, 11.2					

POPULATION

DISTRICT	Area in acres (Land and Inland Water)	Population
		Registrar General's estimate Mid. - 1967
URBAN		
Appleby	1,877	1,860
Lakes	49,917	5,120
Kendal	3,705	19,140
Windermere ..	9,723	6,880
RURAL		
North Westmorland .	288,688	15,000
South Westmorland .	151,007	20,030
Westmorland ..	504,917	68,030

BIRTH RATE

Birth Rate per 1,000 estimated resident population.

District.	1965.	1966.	1967.
URBAN			
Appleby	18.1	15.7	26.2
Kendal	18.5	17.9	19.3
Lakes	12.8	12.8	11.3
Windermere	16.1	15.6	18.6
RURAL			
North Westmorland	18.9	16.9	18.8
South Westmorland	17.3	16.4	19.0
WESTMORLAND	17.6	16.6	18.6
ENGLAND AND WALES	18.1	17.7	17.2

The Birth Rates in the Table above are calculated using the comparability factor supplied for the purpose by the Registrar-General.

Live Births registered in the last five years were as follows:—

Year.	1963.	1964.	1965.	1966.	1967.
Number of births ..	1,019	1,096	1,045	992	1,121

DEATH RATE

Death Rate per 1,000 estimated population.

District.	1965.	1966.	1967.
URBAN			
Appleby	20.5	16.4	15.4
Kendal	12.3	12.0	12.1
Lakes	10.3	12.9	8.9
Windermere	10.3	10.9	8.8
RURAL			
North Westmorland	12.9	13.0	12.6
South Westmorland	11.0	11.0	10.1
WESTMORLAND	11.7	12.0	11.0
ENGLAND AND WALES	11.5	11.7	11.2

The Death Rates in this Table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1965, 1966 and 1967, in order of maximum fatality in 1967 were as follows:—

	1965.	1966.	1967.
Heart Disease	333	335	300
Cancer	159	164	173
Cerebral Hæmorrhage	161	126	143
Violence (including accident)	34	37	49
Other Circulatory Diseases	38	39	43
Bronchitis	35	38	28
Pneumonia	26	27	20

MATERNITY AND CHILD WELFARE

INFANTILE MORTALITY (Under 1 Year)

Rate per 1,000 Live Births.

District.	1965.	1966.	1967.
URBAN			
Appleby	66.7	—	23
Kendal	21.5	25.3	17
Lakes	—	15.9	—
Windermere	22.0	11.1	—
RURAL			
North Westmorland	15.4	21.6	16
South Westmorland	46.9	22.6	13
WESTMORLAND	26.8	21.2	13
ENGLAND AND WALES	19.0	19.0	18.3

The Infant Mortality Rates are now given by the Registrar-General and are shown as whole numbers only.

Causes of death during 1967 in Infants under 1 year of age:—

Prematurity	...	...	...	3
Asphyxia	...	...	...	3
Congenital heart disease	...	...	...	2
Respiratory failure	...	...	...	2
Heart failure	...	...	...	2
Multiple deformities	...	...	...	1
Respiratory distress syndrome	...	...	...	1
Neonatal hypoglycaemia	...	...	...	1
Atelectasis	...	...	...	1
Tracheo-bronchitis	...	...	...	1
				—
				17
				—

COMMENT ON VITAL STATISTICS

For several years it has been customary in this Report to comment on the Vital Statistics, always with the warning that figures relating to relatively small groups must always be viewed with caution, and the same warning applies to the comments below. As stated below the relevant tables on page 9 of this Report, the Birth and Death Rates, are calculated, using the Comparability Factor supplied for this purpose by the Registrar-General. This factor is designed to compensate for variations in the age and sex structure of the population of different areas, and to make the rates so calculated comparable to those of other areas and to the figures for England and Wales.

The number of live births during the year, 1,121, is the highest since the 1,222 recorded in 1947, and the birth rate of 18.6 has only once been equalled and rarely approached since the comparability factor again became available in 1950. The death rate, which has been above that of England and Wales for eleven years, is now fractionally below. The increase in the number of illegitimate births, which rose in the year by 32%, is regrettable, but again based on small numbers.

The stillbirth rate (9.0) again fell and remains below that for England and Wales (14.8). This rate, being based on very small figures, is apt to fluctuate very considerably, but has, for the last three years, been below the national figure.

During the immediate post-War years the infant death rate fell rapidly, and during the last 15 years the rate for England and Wales has continued to fall, though more slowly. The figure for the County on the other hand has fluctuated from rates little over half those for England and Wales to rates slightly above the national figure. This year's record low figure of 13 compares well, however, with the national figure of 18.3. The very low perinatal death rate (14.1) will, if maintained, point to a high standard of obstetric care. The illegitimate infant death rate of 11.6 compares with 72.7 last year, but this is a classic example of a rate which, being based on the very small figures, is quite without significance.

MIDWIFERY

The midwifery service is provided directly by the Local Health Authority, who employ 34 midwives.

The Superintendent Nursing Officer has been appointed non-medical supervisor. She is responsible for the supervision not only of midwives employed by the Authority, but also those working in Hospitals and Nursing Homes. There are no midwives engaged in private domiciliary practice. All the midwives employed by the Local Health Authority are qualified to administer gas and air, and are provided with the necessary apparatus, and 33 of them are authorized

to use pethidine. Midwives who have booked cases undertake the ante-natal care; where cases have been booked with medical practitioners and are to be confined at home, they usually have ante-natal care by their own doctors. The number of cases booked to be delivered by the midwife alone has seriously declined in Westmorland since the passing of the National Health Service Act, and only 2 out of the 57 domiciliary cases had not booked a doctor. Local courses of lectures to all district nurse/midwives are arranged annually; in addition midwives are sent on approved refresher courses, arranged by the Royal College of Midwives, at the expense of the Local Health Authority, during which time they receive full salary.

In view of the low proportion of domiciliary confinements it has not been necessary to introduce night rota systems, although arrangements have been made for relief during holidays, sickness, refresher courses and days off.

The situation in regard to domiciliary midwifery has changed and the domiciliary cases in this County now average less than 2 per midwife per annum, and this seems to create a problem in that such small numbers of confinements are insufficient to enable the midwife to maintain her standards. The five-yearly refresher course might do something to help, but the situation in domiciliary midwifery seems very uncertain at present.

The demand for Mothercraft and Relaxation Classes remains steady, and during 1967 a total of 318 women made 1,615 attendances for this purpose.

The Statistical Tables at the end of this Report are a simplified version of the Annual Return to the Ministry.

Domiciliary Confinements

Number of cases:—			1965.	1966.	1967.
(i) Doctor booked	...	...	71	48	55
(ii) Doctor not booked	...	...	7	5	2
			—	—	—
	Total	...	78	53	57
			—	—	—

HEALTH VISITING

There are two full-time Health Visitors employed in the County, but health visiting is undertaken by nurses combining health visiting with midwifery and home nursing, or with midwifery alone. Of these nurses, 20 hold the health visitor's certificate, others being employed under dispensation granted by the Ministry of Health. The Ministry is no longer prepared to grant dispensations although persons in respect of whom a dispensation has already been granted may

continue to carry out the duties of a health visitor so long as they remain in the employment for which the dispensation was granted. It is difficult to see what further steps the authority can take to secure staff with this qualification. The offering of more scholarships is clearly not the answer, as suitable applicants are not available for the vacancies already budgeted for.

To enable unqualified nurses to obtain the health visitor's certificate, scholarships are now awarded each year under which the cost of training is defrayed by the Local Health Authority, who also pay to the student three-quarters of the minimum salary of a qualified Health Visitor, the nurse on her part entering into a contract to serve, after qualification, for a minimum of two years. A series of lectures is held locally during each year, and selected nurses are sent in rotation on refresher courses.

The attachment of a Health Visitor to each of the three group practices in Kendal which was introduced in September 1964, proved satisfactory to both doctors and health visitors and is likely to remain a permanent feature of the work.

		1965.	1966.	1967.
Total Health Visits to Infants				
under 1 year	...	8,963	8,158	9,536
Total Health Visits to Children				
1 to 5 years	...	15,584	14,546	15,854

HOME NURSING

The Home Nursing Service is provided by the district nurse/midwife/health visitors employed directly by the Local Health Authority and is under the day-to-day control of the Superintendent Nursing Officer; there is close co-operation with general practitioners in the home nursing field by reason of the fact that, although nurses may be called in by patients, the nurses are instructed that they must not continue in attendance unless the medical practitioner has also been called in and given directions for the treatment of the case. Contact between the practitioners and the nurses is a direct one and generally satisfactory. There appears to be an increasing tendency for hospitals on the discharge of patients to request the assistance of the domiciliary nursing services in the continuance of the care of the patient.

The question of the extent to which the Home Nursing Service relieves the pressure on hospital beds is frequently raised, and whilst a specific answer may not be possible, it seems reasonable to suggest that some acute cases are discharged from hospitals earlier than they might otherwise have been.

In the case of the chronic sick, however, there appears little doubt that, without the assistance of the District Nurse, most of the many

bed-ridden patients for whom they at present care would have to be admitted to hospital at a much earlier stage in their illness. At present admission can often be deferred until they require more or less continuous day and night care, which is not practicable at home. The employment of Nursing Orderlies who assist and work under the direction of the Nurse has contributed considerably to the care of this type of case, as has also the introduction of Night Nursing and Night Attendance arrangements to cope with cases who cannot be left alone at night. The majority of these cases receive help for a few nights in an acute emergency or possibly the terminal stages of a final illness; one or two cases have arisen requiring help every night for prolonged periods. Important as this care may be to the families of the patients concerned, it should be realised that the care of one such patient can cost as much, broadly speaking, as the care of all the persons in a normal nursing district.

The Council has increased the awards of scholarships for District Training and, though there are no arrangements for District Training within this County, arrangements have been made with Lancashire County Council under which certain nurses from the southern part of the County have taken the theoretical part of their training by attending for three days per fortnight at Preston, whilst doing the practical part of the course on their own District under the supervision of the Course Tutor. This arrangement simplifies the provision of reliefs and enables the training of married nurses, whose domestic commitments would prevent them from attending full-time for a period of three or four months. An annual series of lectures is arranged which includes topics specifically relating to home nursing and allied subjects.

Incontinence pads have been provided since 1963 in all cases in which they are considered necessary by the doctor or nurse. So far no problem has arisen regarding the disposal of soiled pads.

A summary of the work done is given below; fuller details will be found in the Statistical Tables at the end of this Report.

		1965.	1966.	1967.
Number of Cases Attended	...	2,497	2,593	2,455
,, Visits	... ..	68,451	70,827	69,603

HEALTH EDUCATION

The Senior Health Visitor is responsible for advising and assisting the Health Visitors in Health Education work generally, and has primary responsibility for Home Safety and Care of the Aged. The following is a summary of the work undertaken during the year.

Health Education

continues in the County and is carried out by the Nurses, Midwives and Health Visitors in their day-to-day contact with patients and families. Because of their heavy case load, few nurses who are doing combined work have time to conduct special classes in Health Education, but there are now more Health Visitors employed as such in the County and able to give more time to this subject. Mothercraft classes are run weekly in eight areas, and many of the Health Visitors go into the schools and teach all aspects of Health Education where the school curriculum allows. Infant Welfare Clinics are run all over the County, with Health Visitors in attendance to give advice and leaflets, posters, film-strips and other visual aids are always available to help put over the various subjects. In addition, practically all the nursing staff give up spare time to give talks to Voluntary Societies, including Mothers' Clubs, Old People's Clubs, etc., and many run classes in home nursing, etc.

Home Safety

All aspects of Prevention of Accidents in the Home are continually being put over to the public by posters, leaflets, displays, talks and demonstrations. The emphasis this year was on "Dangerous Drugs", as poisoning accidents increased nationally. Much publicity was given to the subject throughout the County, and displays were exhibited at Agricultural Shows in Appleby and Kendal. Pencils were given away with the slogan "Lock up your Poisons", and many hundreds of people attended the exhibitions.

Attention was again given to Safety in caravans and many sites were visited, advice given and literature distributed. Water Safety posters have been put up in appropriate places and encouragement given to "learn to swim".

Old People

Efforts continue to be made to alleviate the problems of elderly people, bearing in mind that the County has more than the average number of these people. Liaison with Geriatric Units and the Welfare Department continues. Old People's Clubs are being well used, and Voluntary Visitors Panels help with the housebound.

CONGENITAL DEFECTS

Arrangements, as requested by the Chief Medical Officer of the Ministry, were made for the person (doctor or midwife) notifying the birth of a child under Section 203 of the Public Health Act, 1936, to indicate whether any congenital defects were apparent at birth. In those cases in which defects are reported, an inquiry form provided by the Registrar-General is forwarded to the doctor on which he is asked to clarify the defect under one of the 100 standard headings given. The completed returns are subsequently forwarded to the Registrar-General, but a register of these cases maintained in the Health Department will enable the progress of the children concerned to be followed up.

During 1967 a total of 18 children with congenital defects were notified, of whom two were stillborn.

IMMUNISATION AGAINST DISEASE

There are now a number of diseases which can be prevented by various inoculations. Unfortunately, in order to secure the maximum protection, these injections require to be given singly and at various ages, with the result that the child becomes something in the nature of a pin cushion. In some cases it has been possible to combine several of these vaccines into a group so that, whilst not ideal, a considerable degree of protection can be afforded with the minimum number of injections.

Many different schemes of inoculations have been drawn up and in Westmorland we follow as closely as circumstances permit the scheme suggested by the Wellcome Foundation, and incidentally by the Ministry of Health. A specimen scheme is included here.

Scheme of Inoculations

Age for Inoculation.	
6th month	Triple (Diphtheria, Tetanus, Whooping Cough)
7th month	Triple (,, ,, ,,)
8th month	Triple (,, ,, ,,)
9th month	Poliomyelitis — Oral Vaccine
10th month	Poliomyelitis — Oral Vaccine
11th month	Poliomyelitis — Oral Vaccine
18th month	Triple booster
2 years	Vaccination (Smallpox)
School entry	Diphtheria and Tetanus
13 years	B.C.G.

In November 1964 the Ministry of Health intimated that it no longer intended to ask for details of vaccinations and immunisations carried out on persons over the age of sixteen years, and advised

local authorities that, in the opinion of the Ministry after consultation with representatives of local authorities and of the medical profession, there was no need for records in respect of persons over sixteen years old to be kept in future. Medical practitioners were informed accordingly.

The consolidated return showing the different kinds of vaccine used and the numbers of persons vaccinated against each disease is reproduced below.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1967

TABLE 1.—COMPLETED PRIMARY COURSES
(Number of persons under age 16)

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
1. Quadruple DTPP ..	—	1	2	—	—	—	3
2. Triple DTP ..	370	448	31	9	20	19	897
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	1	5	1	—	21	6	34
5. Diphtheria ..	—	—	—	—	—	—	—
6. Pertussis ..	—	—	—	—	—	—	—
7. Tetanus ..	1	1	—	—	3	18	23
8. Salk ..	—	—	—	—	—	—	—
9. Sabin ..	207	597	206	40	104	10	1164
10. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria) ..	371	454	34	9	41	25	934
11. Lines 1 + 2 + 3 + 6 (whooping cough) ..	370	449	33	9	20	19	900
12. Lines 1 + 2 + 4 + 7 (Tetanus) ..	372	455	34	9	44	43	957
13. Lines 1 + 8 + 9 (Polio) ..	207	598	208	40	104	10	1167

TABLE 2.—REINFORCING DOSES
(Number of persons under age 16)

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP ..	1	77	137	25	143	28	411
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	5	3	9	566	34	617
5. Diphtheria ..	—	—	—	—	2	—	2
6. Diphtheria/Tetanus/ Salk	—	—	1	—	2	—	3
7. Tetanus	—	—	1	1	20	56	78
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	1	35	8	695	11	750
10. Lines 1 + 2 + 3 + 4 + 5 + 6 (Diphtheria)	1	82	141	34	713	62	1033
11. Lines 1 + 2 + 3 (Whooping cough)	1	77	138	25	145	28	414
12. Lines 1 + 2 + 4 + 6 + 7 (Tetanus)	1	82	142	35	731	118	1109
13. Lines 1 + 6 + 8 + 9 (Polio)	—	1	36	8	697	11	753

DIPHTHERIA IMMUNISATION

This prophylaxis is given either by the County Council medical staff or the general practitioners, according as the parents choose, at about 6 months old, whilst all parents are urged to consent to their children receiving a reinforcing dose on attaining the age of five years.

In Kendal, which is the only town of any size in Westmorland, an immunisation clinic is held at monthly intervals throughout the year; booster injections of diphtheria antigen are given at the above-mentioned clinic and also at Infant Welfare Centres and following school medical inspection.

The success of this scheme may be judged from the fact that for the eighteenth successive year there were no cases of diphtheria notified amongst residents of the County.

Whilst it is generally held that, to provide the required security against diphtheria, about 75 per cent. of the children of school age should have been immunised within the last five years, it has not, in this County, been a routine practice to give booster doses at nine or ten years of age.

WHOOPING COUGH IMMUNISATION

Immunisation against Whooping Cough has been available under the Local Health Authority's services since 1950, when the Council amended its proposals to permit this; neither the Ministry nor the Authority have publicised this to the extent that the Diphtheria, Smallpox, Poliomyelitis, and to a lesser extent B.C.G., Vaccination facilities have been urged on the public. Nevertheless, an increasing number of children are receiving this form of protection, usually given in the form of combined vaccine giving protection against Diphtheria and Whooping Cough and, in many cases, Tetanus also.

VACCINATION AGAINST SMALLPOX

It is the duty of Health Visitors to urge all parents to have their children vaccinated during the first two years of life, and all medical practitioners in the County were given an opportunity of carrying out this treatment under the County Council's arrangements.

Lymph is supplied free through the Public Health Laboratory Service and the Council has also taken power, in its proposals, to make such special arrangements as may be necessary in the event of a threatened epidemic of smallpox.

Details of vaccinations carried out during 1967 are:—

	Age at date of vaccination.							Total.
	0-3 mnths.	3-6 mnths.	6-9 mnths.	9-12 mnths.	1 year.	2-4 yrs.	5-15 yrs.	
No. vaccinated	31	53	7	11	310	183	32	627
No. revaccinated	—	—	—	—	—	4	43	47
								<hr/> 674 <hr/>

POLIOMYELITIS VACCINATION

The Poliomyelitis Vaccination Scheme was introduced by the Ministry of Health in January, 1956.

Since the beginning of 1963 the scheme has extended to cover all persons under the age of 40 years, together with certain other "priority groups," viz:— General practitioners, ambulance staff, medical students, nurses, dental surgeons, certain staffs of health departments, hospitals and dental practices, together with the families of these persons, expectant mothers, and persons going abroad to countries outside Europe other than Canada or U.S.A.

All persons receiving Poliomyelitis Vaccine alone are now given Oral Vaccine, three doses of which comprise a course of primary immunisation, to be followed in the case of young children by a single reinforcing dose at or about the time of admission to school at five years of age.

The quadruple vaccine, giving protection against poliomyelitis, diphtheria, whooping cough and tetanus, sold by one of the major drug manufacturers, but not, however, recommended for use by the Ministry, has now been withdrawn from sale.

The tables indicate that 1,167 courses of primary immunisation were completed during the year, and a total of 753 reinforcing doses were given.

Of 992 children born in 1966, the number known to have been immunised or vaccinated against the various diseases by the end of 1967 was:—

Diphtheria	...	758
Whooping Cough	...	753
Poliomyelitis	...	739

On the other hand, despite the advice of the Ministry that vaccination against Smallpox should be deferred until the second year of life, in 1967, 102 babies under one year were vaccinated, compared with 310 aged between one and two years. Despite the increase in the number of children receiving this treatment after they attain the age of two years, a total of 627 children vaccinated during the year is disappointing.

INFANT WELFARE CENTRES

The Local Health Authority provides 14 infant welfare centres, two of which are staffed by Health Visitors only, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal is the only clinic which operates weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access. Owing to the scattered nature of the population many of the clinics tend to be small, but one feels that there is a definite need even for a small clinic. In Kendal, however, the numbers attending have risen to such an extent that additional sessions will probably be needed.

In addition to the arrangements outlined on the following pages for the distribution of Welfare Foods, the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

Details of Infant Welfare Centres in operation at the end of the year are given below:—

Area		Centre held at		Frequency of Sessions
Ambleside	..	British Legion Room	..	Monthly
Appleby	..	Old First Aid Post	..	Fortnightly
Bampton	..	Memorial Hall	..	Monthly
Bowness-on-W'mere		Rayrigg Room	..	„
Burneside	..	Bryce Institute	..	„
Grasmere	..	Reading Room	..	„
Kendal	..	Health Services Clinic	..	Weekly
Kirkby Lonsdale	..	Institute Hall	..	Monthly
Kirkby Stephen	..	Youth Centre	..	Fortnightly
Milnthorpe	..	Parish Church Hall	..	Monthly
Shap	..	Methodist Chapel Hall	..	„
Staveley	..	Working Men's Institute		„
Tebay	..	Methodist Chapel Hall	..	„
Windermere	..	St. John Ambulance		
		Rooms	..	„

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendance at Centres

			1965.	1966.	1967.
Under 1 year	...	...	3,060	2,586	2,878
Over 1 year	...	...	6,826	6,576	6,655
Average per session	...	...	36.8	35.0	36.8

DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at the Kendal Clinic, and other subsidiary centres throughout the county; some at welfare centres, others at the homes of District Nurses, others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The annual distribution figures for Welfare Foods during the preceding 12 full years during which the Local Health Authority has been responsible for distribution are given in the following table:—

Year.		National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1955	...	34,430	8,858	3,089	38,822
1956	...	33,108	7,676	3,251	40,079
1957	...	25,768	7,198	3,502	41,824
1958	...	20,894	4,301	2,924	24,875
1959	...	20,202	4,218	3,420	26,212
1960	...	18,117	4,271	3,404	24,017
1961	...	14,990	2,894	2,706	15,564
1962	...	15,423	1,263	1,761	10,513
1963	...	14,595	1,108	1,679	12,204
1964	...	13,135	1,092	1,634	12,966
1965	...	12,585	1,129	1,630	13,330
1966	...	9,156	1,017	1,692	13,447

The quantities distributed during 1967 were:—

Period.		National Dried Milk. Tins.	Cod Liver Oil. Bottles.	Vitamin Tablets. Packets.	Orange Juice. Bottles.
1st Quarter	...	1,798	264	435	3,197
2nd Quarter	...	2,012	207	422	3,698
3rd Quarter	...	2,197	195	339	3,837
4th Quarter	...	2,343	247	368	3,226
Total for Year	...	8,350	913	1,564	13,958

Increases in the price of National Dried Milk and Orange Juice and the imposition of charges for Vitamin Tablets and Cod Liver Oil would appear to be the reason for the noticeable fall in the quantities distributed from time to time.

Whilst a more varied and adequate diet is certainly available than was the case when these supplements were first issued during wartime, it has been generally accepted that they have contributed in no small measure to the health of the young children, and it remains to be seen whether the same high standard will be maintained without them.

In addition to the commodities referred to above, a fairly wide selection of proprietary infant foods and vitamin supplements is available at the Kendal Clinic for purchase at favourable rates. Foods to the value of £3,068 were disposed of during the 1967-8 financial year.

CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service. The approved proposals are as follows:—

The Council will provide a chiropody service by utilising the services of qualified chiropodists or by aiding voluntary bodies willing to assist in the provision of the service.

Priority will be given to the elderly, physically handicapped and expectant mothers.

The services will initially be based on Kendal and will be extended as circumstances permit to the remainder of the County. The frequency of the service to be provided in any particular part of the County will depend on the demand for the service and the availability of qualified chiropodists.

Where possible use will be made of the Council's clinics, but use will also be made of other suitable premises, including chiropodists' own surgeries, and domiciliary visits will be paid where necessary.

Until July 1967, the work was carried out by a full-time chiropodist who undertook all surgery and domiciliary work in the Kendal, Lakes, and South Westmorland areas, whilst two part-time chiropodists dealt with the cases in the extreme north of the area. Due to the increasing demands on the service, a second full-time chiropodist was appointed on 1st August, 1967, and all the work under the Council's scheme is now undertaken by the two full-time officers.

The Ministry now requires the submission of statistics relating to chiropody treatment, and the following is a simplified version of the return for the year ended 31st December, 1967:—

Number of persons treated:—

(i) Persons aged 65 and over	...	960
(ii) Expectant mothers	...	3
(iii) Children under 5	...	—
(iv) Others	...	9
		972

Number of treatments given:—

(i) In clinics	...	2,759
(ii) In patients' homes	...	1,536
(iii) In old people's homes	...	599
(iv) In chiropodists' surgeries	...	414
		5,508

CERVICAL CYTOLOGY

The Health Committee first considered this matter early in 1965, at which stage the Ministry of Health were disposed to regard cytological screening as primarily a personal preventive technique for the family doctor, with local health authorities providing facilities only to the extent that such provision was necessary to complement the work of the general practitioners.

After consultation with the Regional Hospital Boards, Consultant Pathologists, and the Local Medical Committee it became apparent that because of limited facilities for examining these specimens at the pathological laboratories, it would be a better arrangement if the clinics were operated under the aegis of the Health Department, and an appropriate amendment of the Council's Proposals for carrying out the duties under the National Health Service Act was submitted to the Minister in July 1965.

Discussion of details with various interested persons and bodies, and the continuing shortage of qualified laboratory technicians delayed the introduction of the scheme until May 1966. When applications for the tests were first invited, the response, in relation to the limited capacity of the laboratories to examine the smears, was overwhelming, and from May to December 1966, 193 tests, all that the laboratory could accept, were carried out. In four cases the tests required repetition for technical reasons, two other patients were reported to require treatment for non-malignant conditions, and 187 were normal.

By the end of 1966 the laboratory was in a position to deal with up to 40 specimens per month and the waiting list was soon cleared, since when the response to repeated advertisement has been somewhat disappointing, a situation which has been commented on in many parts of the country. During 1967, 372 new patients were examined: 321 were normal, 41 required treatment for non-malignant conditions, 6 specimens were technically unsatisfactory, and four suspicious cases were reported.

All cases requiring further investigation or treatment are referred to the family doctor for treatment or reference to a consultant as he may consider necessary.

UNMARRIED MOTHERS AND THEIR CHILDREN

The Superintendent Nursing Officer is responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

Births of Illegitimate Children notified	..	..	45
Confinements in:—			
Mother's own home	..	..	1
Helme Chase Maternity Home	..	..	30
Penrith Maternity Home	..	..	1
City Maternity Hospital, Carlisle	..	..	4
Other addresses	..	..	9
Disposal of Infants:—			
Mother keeping baby	..	..	34
Baby in care of grandmother	..	..	1
Baby died	..	..	1
Left district	..	..	2
To foster parents	..	..	4
Parents now married	..	..	3

Institutional accommodation for these cases is provided under arrangements made with the undermentioned voluntary homes:—

St. Monica's Maternity Home, Kendal

The Home possesses 21 maternity beds, and during the year 56 maternity cases were admitted, for 12 of whom the Westmorland County Council assumed financial responsibility.

Sacred Heart Maternity Home, Brettargh Holt, Kendal

This Home has 38 maternity beds, and during the year 103 maternity cases were admitted, for none of whom the Westmorland County Council was asked to assume financial liability.

In the case of both the Homes the apparently low number of admissions relative to the number of beds is largely explained by the fact that patients are admitted at least a month before confinement and retained for at least six weeks afterwards, so as to afford an opportunity for the making of arrangements for the care of the babies.

Cases are also sent to Mother and Baby Homes outside the County when these seem appropriate to the circumstances of particular cases, and in an increasing number of such cases the Diocesan Moral Welfare Workers are now recommending this.

CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1967:—

Born in Hospital:

Stillbirths	..	..	..	..	..	5
Live Births	..	..	..	..	..	53
Died within 24 hours of birth	..	..	..	..	..	4
Died between 1 and 7 days of birth	..	..	..	..	..	1
Survived 28 days	..	..	..	..	..	47

Born at Home or Nursing Home

Stillbirths	..	..	..	..	..	1
Live Births nursed entirely at home or nursing home						—
Died within 24 hours of birth	..	..	..	..	..	—
Died between 1 and 7 days of birth	..	..	..	..	..	—
Survived 28 days	..	..	..	..	..	—
Live Births transferred to Hospital	..	..	..	..	..	1
Died within 24 hours of birth	..	..	..	..	..	—
Died between 1 and 7 days of birth	..	..	..	..	..	—
Survived 28 days	..	..	..	..	..	1

REGISTRATION OF NURSING HOMES (Sections 187 to 194 of the Public Health Act, 1936)

There were five registered homes at the end of the year, providing beds for 59 maternity patients and 51 other patients. They have been inspected at regular intervals.

In August 1963, the Minister of Health made “The Conduct of Nursing Homes Regulations, 1963”, which enable registration authorities to ensure that standards of accommodation, staffing, equipment and facilities generally are appropriate to the type of work done, and the kind of patients accommodated in the home. The authority is also enabled to prescribe the number of patients (both in total, and of any particular type) who may be kept in the home at any time.

These Regulations fill a long-felt need in the field of Nursing Homes Registration, as under the provisions of the Public Health Act, 1936, it was almost impossible to exert any form of control over a Nursing Home once it had been registered.

It is pleasing to be able to report that such changes as were felt to be necessary in the Nursing Homes registered by this Council were in general agreed with the proprietors without resorting to the formal procedure provided for in the Regulations.

The conditions of all the homes were generally satisfactory, and in some cases really excellent.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

During 1967, 82 sessions were devoted to the treatment of mothers and young children. In addition, the equivalent of seven sessions was devoted to discussions and talks with mothers attending baby clinics.

The statistics show a satisfactory relationship between teeth filled and teeth extracted. While the filling of deciduous teeth may be regarded of doubtful value because these teeth will be lost in a few years, it can be justified on the grounds of maintaining space for the permanent dentition and the provision of a full mastication apparatus for the child in order that food may be chewed properly. Experience shows that time spent on the preservation of deciduous teeth for their full life pays good dividends by avoiding the orthodontic complications that often arise from their premature loss.

I wish to thank the nursing staff for their helpful co-operation in referring patients and their constant efforts in the field of dental health education for the priority groups.

M. D. McGARRY.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. Attendances and Treatment

Number of Visits for Treatment during year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit.. .. .	151	66
Subsequent Visits	93	67
Total Visits	244	133
Number of Additional Courses of Treatment other than the First Course commenced during year	56	5
Treatment provided during the year— Number of Fillings	260	150
Teeth Filled	223	134
Teeth Extracted	59	25
General Anaesthetics given	12	2
Emergency Visits by Patients ..	4	1
Patients X-rayed	3	8

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)		20
Teeth Otherwise Conserved	61	
Teeth Root Filled		2
Inlays		3
Crowns		1
Number of Courses of Treatment completed during the Year	190	53

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	2
Patients Supplied with other Dentures	6
Number of Dentures Supplied ..	10

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	14
--	----

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year	A. 282	D. 72
Number of Patients in A and D above who required Treatment	B. 163	E. 70
Number of Patients in B and E above who were offered Treatment	C. 158	F. 70

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:

For Treatment	G.	82
For Health Education	H.	7

M. D. McGARRY.

DOMESTIC HELP SERVICE

When preparing their proposals under the National Health Service Act the Council, on the advice of the Minister, took advantage of their power under Section 29 of the Act, to provide a Domestic Help Service, available as far as workers can be obtained to the categories of household specified in the Act. Statistical details are shown in Table II on page 45.

The work undertaken by the Service during 1967 has increased a little over that of 1966. A total of 415 people received help, an increase of 20 over the previous year. 167 of those receiving help were new cases (171 new cases in 1966). Again there was an increase in the number of elderly people needing help, mainly on a long-term basis — the numbers were 330 as against 302 in 1966 and 291 in 1965. Maternity cases remained steady at 22 cases for the year.

Of those people who ceased to receive help, 70 did so because they recovered and no longer needed help, 26 people receiving help died, 21 went to relatives, hospital or Part III accommodation, etc., and 11 patients made their own arrangements after receiving home help. Where people can financially afford to make their own arrangements it is to the advantage of the Home Help Service to assist them to do so as it relieves the Service for emergency work and allows us to provide more generous help for those in modest financial circumstances. Naturally, help is not refused to those in a more prosperous way, but they are encouraged to make their own arrangements where possible. Since the full cost charge was raised to 5/6d. per hour in May 1965, more patients have tried to make their own arrangements, although this sometimes proves impossible owing to a shortage of suitable local labour.

The number of home helps employed at 31st December, 1967, was 63 as against 57 at the same date in 1966. This does not mean, however, that there was a large overall increase in the amount of work undertaken, but that a greater number of home helps were working for the County Council at that particular date. The Council

employs several "casual" home helps whose numbers fluctuate considerably. These workers are enrolled to help on particular cases, usually in remote districts where no regular staff are available or where a great deal of help is needed for one case. When the need for help ceases these home helps usually leave the Service unless other suitable work has become available in the meantime.

It would seem that the amount of work undertaken by the Service is now fairly steady from year to year although this year has shown an increase. Generally speaking, however, there are times when the work builds up, but these appear to be seasonal and do not usually last.

MIDWIVES' ACT

Total number of Midwives practising at the end of the year . .	..	50
District Nurse Midwives . . . . .	..	34
Midwives in Institutions:—		
(a) Helme Chase Maternity Home . . . . .	..	12
(b) St. Monica's Maternity Home, Kendal . . . . .	..	2
(c) Brettargh Holt . . . . .	..	2
	—	16
Midwives' Notification Forms received during 1967 were as follows:—		
Sending for Medical Aid . . . . .	..	8
Stillbirth and death . . . . .	..	12
Having laid out a dead body . . . . .	..	—
Liability to be a source of infection . . . . .	..	—

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Welfare Department, but the County Medical Officer is responsible for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

All such applications are referred for examination to one of the specialist ophthalmologists with whom the Council has entered into arrangements for this work, and during 1966 19 such cases were referred, of whom 12 were certified as blind and 7 as partially-sighted.

The total number of persons on the Council's register on 31st December, 1967, was 159 blind and 21 partially-sighted.

The following Table relating to the causes of blindness and treatment obtained for certain conditions is included at the request of the Ministry of Health.

		Cause of Disability.			
		Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.
		(1)	(2)	(3)	(4)
(i)	No. of cases registered during the year in respect of which Section F of Form B.D.8 recommends:—				
	(a) No treatment ..	—	—	—	3
	(b) Treatment (medical, surgical or optical)	3	3	—	10
(ii)	No. of cases at (i) (b) above which on follow-up have received treatment ..	2	3	—	8

MENTAL HEALTH

As advised in Ministry of Health Circular 100/47, the Health Committee has appointed a Mental Health Sub-Committee to deal with its functions, under Section 57 of the National Health Service Act, and, so far as they relate to mentally-disordered persons, under Section 28 of that Act.

The Sub-Committee up to the end of 1967 was constituted as follows:—

Chairman and Vice-Chairman of the Health Committee ...	2
Members of the Health Committee (being members of the County Council)	10
Members of the Management Committees of Psychiatric Hospitals	4
Nominated by Westmorland Executive Council ...	1
Others (whether members of the Health Committee, or the County Council, or neither)	3
	—
	20
	—

Certain preliminary provisions of the Mental Health Act, 1959, having been brought into operation at earlier dates by Statutory Instrument, the main parts of the Act became operative on 1st November, 1960.

In general, the repeal of the Lunacy and Mental Deficiency Acts abolishes the old terminology, e.g. "lunatic" and "mental defective", the new Act laying down instead a widely defined term, "mental disorder", within which four categories are defined: (a) mental illness; (b) arrested or incomplete development of mind; (c) psychopathic disorder; and (d) any other disorder or disability of mind. The classification now depends almost exclusively on medical criteria, and whilst it is intended that the majority of cases admitted to hospital under the Act will do so with no more formality than they would enter hospital for a physical illness, provision is made for compulsory admission and detention of cases when this is necessary to override the unwillingness of the patient or his relatives.

Whilst it is open to the general practitioner to arrange informally for the admission to hospital of a patient, or for the "nearest relative" to make formal application, it is found in practice that the Mental Welfare Officers (formerly Duly Authorised Officers) are called upon, in the majority of cases, to make the necessary arrangements, and in many cases to convey the patients there.

Compulsory admission and detention is now based on an "application" for admission founded on the certificate of two medical practitioners, one of whom must have been approved as having special experience in the diagnosis or treatment of mental disorder. The magistrate no longer has any part in this matter, although the Courts may, under certain circumstances, authorise the compulsory admission to hospital or guardianship of persons convicted of criminal offences, if the Court is satisfied, on the evidence of two medical practitioners that the person is suffering from mental disorder.

Mental Health Review Tribunals have been set up for the purpose of reviewing, on application by the patient or his nearest relative, the case of patients compulsorily detained, with the duty to discharge those patients whose continued detention is no longer justified.

The service appears to be working smoothly, and it is particularly pleasing to be able to report that few difficulties have been experienced in securing admission of mentally ill patients to hospital.

In the course of the year admissions to hospital of patients were as follows:—

		Males.	Females.	Total.
Garlands Hospital, Carlisle	...	15	23	38
Lancaster Moor Hospital	...	46	70	116
		—	—	—
		61	93	154
		—	—	—

The shortage of beds for cases of severe subnormality is still acute, but even if a permanent bed cannot be obtained, the co-operation of the Medical Superintendents usually ensures the provision of temporary accommodation where there is a pressing need.

Training Centre

The Centre, which has operated in Kendal since 1949, has since September 1964 been open five days per week, the terms coinciding with those fixed by the Local Education Authority for the local primary schools. The Centre caters for both sexes and all ages of patients. In order to widen the scope of the work an Assistant Supervisor and a domestic assistant have been added to the staff, and few cases are now found too troublesome for admission.

With a view to providing the more comprehensive centre service envisaged under new legislation, the Committee had hoped to commence building a new centre in Kendal during the financial year 1961-62 to cater for 50 patients, but difficulties regarding the site resulted in protracted delays. However, the Centre was eventually occupied in April 1966. The need for a Special Care Unit for young severely handicapped children having become apparent, urgent steps were taken to make such provision, and an offer of the Ministry to allocate capital provision late in the 1966-7 financial year was accepted. Unfortunately, owing to building delays the premises were not available for occupation until January 1968. In the meantime a number of the children for whom the accommodation was intended were admitted, at some considerable inconvenience to all concerned, to the Junior Department of the Centre.

AMBULANCE SERVICE

The Ambulance and Sitting Case Car Service continues efficiently. The two services are run separately; the Ambulance Service is under the direct control of the Ambulance Officer who is also the Chief Fire Officer, while the Sitting Case Car Service is run directly by the Health Department.

Details of the sitting case car work done during the year, and for comparison figures for the preceding four years, are given below:—

Year.			No. of Patients.	No. of Journeys.	Total Mileage.
1967	...	...	35,801	13,600	445,306
1966	...	...	31,311	11,825	393,422
1965	...	...	36,340	11,352	400 930
1964	...	...	28,243	10,434	374,654
1963	...	...	25,961	10,662	379,422

The acceptance of this number of requests and the allocation of journeys (an average of 54 per working day) is a formidable task for the office staff. Much of this work must, of necessity, to secure economy, be crowded into the last one and a half hours of the day, and it is, in all circumstances, surprising that this particular service gives rise to so few complaints from the public.

EXTRACT FROM THE ANNUAL REPORT OF THE COUNTY AMBULANCE OFFICER

This annual report for the year ending 31st December, 1967, covers the nineteenth year that the Ambulance Service has been under the control of the County Council. There has again been an increase in the number of patients carried and the total mileage covered by ambulances, but the percentage increase is considerably lower than has been the case over the past four or five years. This natural growth continues to occur mainly in the Southern and Western part of the County.

The general condition of vehicles is fair. The delivery of the machine ordered last year is expected at the end of February, and this, coupled with the decision to keep an additional ambulance at Kendal rather than dispose of the 1959 machine, will help considerably in maintaining the fleet in good order. Statistics for 1967 are given in the Appendix.

I wish to thank the Chairman and Members of the Health Committee for their interest and support during the year, to the County Medical Officer and his staff for their co-operation, and to all concerned with the Ambulance Service, whether full-time or part-time, for the manner in which they have carried out their duties.

N. W. G. LANGLEY,
Ambulance Officer.

AMBULANCE SERVICE

CALLS	Station	No.	Patients Carried				Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
			Infectious	Accidents	Maternity	Others					
	Kendal ..	4	5	375	223	3366	3969	2770	99	2869	78482
	Ambleside..	1	—	86	8	86	180	144	9	153	5488
	Appleby ..	1	—	72	30	163	265	213	10	223	13925
	K.Stephen..	1	—	43	10	88	141	121	6	127	9395
	—	—	—	—	—	—	—	—	—	—	—
	1966 ..	7	5	576	271	3703	4555	3248	124	3372	107290
	—	—	—	—	—	—	—	—	—	—	—
	1966 ..	7	12	612	298	3495	4417	3140	112	3252	104070
	1965 ..	7	15	533	282	3112	3942	2838	99	2937	90053

Average miles per journey:—

Kendal ..	..	..	..	..	1967	1966	1965				
Ambleside	..	..	..	..	27.35	26.81	25.89	1967	1966	1965	
Appleby ..	..	..	..	..	35.87	38.54	35.83	1967	1966	1965	
Kirkby Stephen	..	..	..	..	62.44	66.19	63.00	31.82	32.00	30.66	
					74.00	77.01	71.59				

On behalf of the Lancashire County Council 66 journeys were carried out with a mileage of 2,508.

VEHICLES

Station	Make	Reg. No.	Mileage at		Condition
			Year	31 Dec. 1967	
Kendal ..	Austin	EEC 518F	1967	11271	Very good
Kirkby Stephen	Bedford	BJM765C	1965	21096	Very good
Kendal ..	Morris	LJM 8	1963	50441	Good
Kendal ..	Morris	JEC 6	1962	125249	Fair
Appleby ..	Dennis	882 SPH	1961	50475	Fair
Kendal ..	Morris	HEC 420	1960	160040	Poor
Ambleside ..	Morris	FJM 890	1959	121300	Poor

CANCER TREATMENT

The only duty now remaining to the County Council under the Cancer Act concerns the prohibition of advertisements relating to the treatment of cancer and to the sale of articles for use in the treatment thereof. The actual treatment of this condition now forms part of the general hospital and specialist services which it is the duty of the Regional Hospital Boards to provide.

Deaths from Cancer, 1966 and 1967

	1966.			1967.		
	Males	Females	Total	Males	Females	Total
Urban Districts	44	34	78	50	35	85
Rural Districts	46	40	86	42	46	88
			Grand Total 164			Grand Total 173

TUBERCULOSIS

The Tuberculosis work in the County is now divided between the Manchester and Newcastle upon Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle upon Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes. The Chest Physicians give general directions to the work of the Tuberculosis Visitors.

The County Council has also agreed to accept financial responsibility for cases where admission to a rehabilitation colony or village settlement is recommended by the Tuberculosis Officers, but it is many years since this was found necessary.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared particularly susceptible to the disease, and during 1966 87 contacts were tested, of whom 27 were found positive. Eighty-eight contacts were vaccinated. This latter figure includes a number of newborn infants vaccinated without any preliminary skin test.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53, and from May 1959 this was extended to all young persons in attendance at schools or other educational establishments.

The following Table gives details of the work done under the scheme during 1967 :—

Number Skin Tested.	Found Positive.	Vaccinated.
887	32	852

A significant feature of this work is the almost uninterrupted fall in the number of children showing a positive reaction to the test (indicating that they have previously been exposed to infection) since the commencement of the scheme, as shown in the following Table :—

Year.	Percentage of children found positive.	
1955	...	34
1956	...	25.6
1957	...	27.6
1958	...	20.8
1959	...	14.3
1960	...	15.6
1961	...	10.7
1962	...	7.8
1963	...	7.9
1964	...	4.6
1965	...	4.1
1966	...	3.4
1967	...	3.6

TUBERCULOSIS

In the following Table are the figures for the notifications of, and deaths from Tuberculosis in 1967:—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
15	—	—	—	—	—	—	—	—
25	1	1	—	—	—	—	—	—
35	—	—	—	—	—	—	—	—
45	—	1	—	—	—	—	—	—
55	—	—	—	—	1	—	—	—
65	—	—	—	—	—	1	—	—
75	—	—	—	—	—	1	—	—
1967	1	2	—	—	1	2	—	—
1966	5	1	2	1	2	—	—	—

TUBERCULOSIS AND OTHER CHEST DISEASES

NORTH WESTMORLAND

Tuberculosis

Table 1 shows the total number of new cases of pulmonary tuberculosis for England and Wales and for the three areas of East Cumberland, Carlisle City and North Westmorland for 1967 and the preceeding five years:—

TABLE 1

Year	England and Wales	East Cumberland	Carlisle City	North Westmorland
1962	17,973	23	26	3
1963	16,355	18	19	—
1964	15,026	25	14	3
1965	13,552	14	20	—
1966	12,461	11	20	4
1967	11,029	23	13	2

The number of chest beds available during the year with the number of discharges for 1966 and 1967 are shown in Table 2:—

TABLE 2

Hospital	Beds available	No. discharged in 1967	No. discharged in 1966
Ward 18, Cumberland Infirmary	14	263	267
Longtown Hospital..	26	135	146
Blencathra Hospital	11	43	27

The regimen of therapy in pulmonary tuberculosis remains as before; no cases of tubercle have been submitted to surgery during the year.

Contact examinations have continued as in previous years; all contacts under 21 are Mantoux tested, and 741 such tests were carried out during the year 1967.

Twenty years ago the Mantoux test and its interpretation appeared straightforward as a positive reaction meant previous infection with

the tubercle bacillus, and with a very few exceptions no reaction meant the reverse. Within recent years, however, a difficulty has been recognized in that atypical myco-bacteria and avian tubercle bacilli give rise to reactions usually of lower intensity. This difficulty has been recognized abroad for some time but in England it was thought to be of little significance. However, surveys in the last few years have changed this attitude, and, with growing awareness that reactions due to these atypical organisms can arise, the interpretation of the Mantoux test has become more complex. A strong positive reaction, however, remains possibly the best index to the amount of tuberculosis in the community, and can still be taken, I think, to indicate previous infection or previous vaccination with B.C.G. The difficulty usually arises in the weaker reactions. Mantoux testing after B.C.G. vaccination is no longer necessary in every case, and we only do an occasional one.

The question of chemoprophylaxis has also come to the fore in recent years. Extensive trials have been conducted abroad, particularly in the U.S.A., but the methods have not been so widely adopted in this country. The drug used in these trials has usually been Isoniazid.

The United States of America National Tuberculosis Association has within recent months made recommendation that chemoprophylaxis should be mandatory for certain groups of patients. These groups include (1) previous patients who have had inadequate therapy; (2) patients with a positive Mantoux test and radiologically healed disease; (3) contacts with a markedly positive Mantoux test and reactors under 21; (4) known convertors in all age groups; (5) patients with a positive Mantoux test who are on steroid therapy, or those undergoing a gastrectomy, or those suffering from instable diabetes. They also advise that pregnant women with inactive tubercle should be treated chemoprophylactically and that children developing measles and whooping cough should have Isoniazid for eight weeks, if they have been treated for tuberculosis previously.

The actual dividing line between chemoprophylaxis and actual therapy in tuberculosis is not easily defined. Tuberculous disease, as is well known, comparatively rarely follows infection; it does, however, seem sensible to prescribe therapy for known convertors and strongly positive Mantoux reactors in the early age groups. We already do this. Seldom, however, do we prescribe Isoniazid alone but usually combine this with Paramisan; other cases we treat on their merits.

It is worth-while commenting on the marked decline in bovine tuberculosis in the country since the attested herd scheme started in 1935. In a fairly recent survey in South-West Scotland only 0.28% of the pulmonary cases were found to be infected by the bovine strain, and it is probable that even these patients had a recurrence of an old latent infection.

Table 3 shows the number of B.C.G. Vaccinations carried out in 1967:—

TABLE 3

	Male	Female	Total
Carlisle City	55	48	103
East Cumberland ..	64	59	123
North Westmorland ..	7	11	18
Hospitals	3	47	50
	129	163	294

Bronchial Carcinoma

Bronchial carcinoma still carries a very poor prognosis, and as indicated previously only a very small number of cases — three — were accepted for surgery. Unfortunately the disease may be well advanced before unusual symptoms develop to make the patient seek medical advice. Unfortunately, again there is no easy method for making an early diagnosis. Even when a diagnosis is made on radiological evidence, bronchoscopy is necessary to secure positive histological evidence. The examination of sputum itself for malignant cells is not very rewarding as cells are found in such a small degree of cases.

Table 4 shows the number of new cases of bronchial carcinoma coming to our notice for 1967:—

TABLE 4

	Males	Females	Total
<i>East Cumberland</i>			
New cases	32	9	41
Admitted for surgery ..	1	—	1
<i>Carlisle City</i>			
New cases	24	6	30
Admitted for surgery ..	1	—	1
<i>North Westmorland</i>			
New cases	4	1	5
Admitted for surgery ..	—	1	1

Other Chest Conditions

Most cases of asthma and chronic bronchitis, with or without emphysema are fully investigated and full use is made of spirometry readings. Acute respiratory distress in many of these patients is of the nature of an emergency and treatment can be difficult. Intensive physiotherapy remains the mainstay of routine treatment and indeed most of the physiotherapist's time is devoted to asthmatics and chronic bronchitics.

1967 would have been the exception had we not had the usual number of cases of "Farmer's Lung", the vast majority of which cleared satisfactorily without any treatment.

Of the cases of sarcoidosis seen through the year, approximately half required steroid therapy, and there have been no deaths from this condition.

W. HUGH MORTON, M.B., D.P.H., M.R.C.P.(Ed.),
Consultant Chest Physician.

SOUTH WESTMORLAND

Tuberculosis

At the end of 1967 there were 224 patients on the Clinic Register, 215 respiratory and 9 non-respiratory. During the year only five men and two children were found to be suffering from tuberculosis requiring supervision — respiratory in each case. This compares with eleven new patients in 1965 and thirteen in 1966, so the disease cannot be said to be very prevalent in this area. In fact, of these five men and two children, only one man and the two children (one of whom was a contact of the man) required treatment. This man was picked up by Mass Radiography. This service may be changing its policy in the future to X-ray groups of people who are at greater risk than usual of developing tuberculosis rather than the general public as the return of unsuspected disease discovered is very low in the latter group and may not justify the expense involved. Only two patients in the area had tuberculosis germs in the sputum during the year and there was no bacterial resistant.

Hospitals

Beaumont Hospital remains the centre for treatment both for adults and children but the stay there is short, usually a matter of weeks. There is no waiting time for admission.

Clinics

				1964.	1965.	1966.	1967.
New Cases	...	...	...	398	306	379	291
B.C.G. Vaccination	...	...	...	72	40	59	45
Total Attendances	...	...	...	1,193	1,190	1,073	931
Visits by Tuberculosis Health Visitor	...			962	731	810	452

The number of tuberculous patients continue to fall slowly, but a watch must still be kept for new cases which still occur. Domiciliary treatment is very effective and is satisfactory providing that the patient co-operates fully in the treatment. Defaulting is common, and prevention, together with the general assessment of each patient's domestic and allied problems, is largely due to the close liaison maintained by the Tuberculosis Health Visitor.

The only occupational chest disease encountered in any number in this area is Farmers' Lung which is now diagnosed with greater accuracy and is fortunately amenable, in some degree, to treatment. Bronchial carcinoma and chronic bronchitis continue to be the deadliest diseases seen at the clinic and no significant advance has been made in eliminating them.

My thanks are due to the Medical Officers of Health, for the close co-operation of their staff, particularly the Tuberculosis Health Visitor and the District Nurses concerned with treatment of tuberculous patients.

R. DOUGLAS YOUNG, M.D., M.R.C.P.E.,
Consultant Chest Physician.

No. 5 MASS RADIOGRAPHY UNIT

This Unit, operating under the aegis of the Manchester Regional Hospital Board, is now intended to visit Kendal annually, and the remainder of South Westmorland and the Lakes area every third year.

The fourth of these annual visits was made between 2nd June and 7th July, 1967, when 8,072 persons, 3,713 males and 4,539 females were X-rayed, compared with a total of 3,473 seen the previous year. No active case of tuberculosis was discovered, but there were five Malignant Neoplasms.

The following is a summary of the Table supplied by Dr. Capper showing the abnormalities discovered:—

	MALES		FEMALES		TOTAL	
	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000
Tuberculosis:						
(a) requiring close super- vision or treatment ..	4	1.08	—	—	4	0.49
(b) requiring only occasional out-patient supervision..	4	1.08	1	0.23	5	0.62
Malignant Neoplasms	2	0.54	3	0.69	5	0.62
Cardiac Abnormalities ..	21	—	25	—	46	—

TABLE I

ANTE-NATAL, MOTHERCRAFT and RELAXATION CLASSES

Number of women who attended during the year ..	Institutional booked ..	310
	Domiciliary booked ..	8
	Total	318
Total attendances during the year		1615

TABLE II

DOMESTIC HELPS

(a) Number of Domestic Helps employed at 30th September, 1967:—						
(1) Whole-time	..	..	..	..	..	—
(2) Part-time	..	..	..	..	..	64
(3) Whole-time equivalent of (2) above	..	..	..	..	..	27.2
(b) Number of cases where Help was provided during 1967:—						
(1) Aged 65 years or over	..	..	..	..	..	330
(2) Chronic Sick and tuberculous	..	..	..	..	..	32
(3) Mentally disordered	..	..	..	..	..	4
(4) Maternity	..	..	..	..	..	22
(5) Others	..	..	..	..	..	27
						415

TABLE III

HOME NURSING

	Persons aged under 5 yrs. at first visit	Persons aged 5-65 yrs. at first visit	Persons aged over 65 yrs. at first visit	Totals
No. of persons nursed during year ..	139	802	1,514	2,455
No. of visits paid during year ..	738	12,941	55,924	69,603

CHILD WELFARE CENTRES

TABLE IV

No. provided	No. of children who attended and who were born in :—			No. of sessions held by :				Total number of sessions	Total attendances of children who were born in :—		
	1967	1966	1962-65	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1967	1966	1962-65
14	422	305	309	86	75	98	—	259	2,878	2,947	3,708

TABLE V

HEALTH VISITING

	Children born in :—			Total children	Persons aged :—		Mentally disordered persons	Persons (excl. maternity cases) dis- charged from hospitals	Tuber- culous house- holds	Households visited on account of other infec- tious diseases
	1967	1966	1962-65		5-65 yrs.	65 yrs. or over				
No. of cases visited ..	1,104	1,315	2,650	5,069	507	950	53	178	170	399
No. of visits	9,536	6,339	9,515	25,390	1,976	5,039	284	388	646	527

TABLE VI
DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked	Doctor booked	Total	
2	55	57	948

TABLE VII
AMBULANCE SERVICES

(1)	No. of Vehicles at 31-12-67 (2)	Total No. of patients (3)	Total No. of Journeys (4)	No. of emergency patients included in col. (3) (5)	Total mileage during period (6)
Ambulances	7	4,555	3,372	576	107,290
Cars	See below*	35,801	13,600	140	445,306

NOTE.—*The Sitting-case Car Service was provided by voluntary drivers and by taxis.

MENTAL HEALTH ACT, 1959: PATIENTS IN COMMUNITY CARE

	MENTALLY ILL				PSYCHOPATHIC				SUB-NORMAL				SEVERELY SUB-NORMAL				ELDERLY MENTALLY INFIRM M. (17) F. (18)		GRAND TOTAL
	Under age 16 M. (1)	F. (2)	M. (3)	16 and over F. (4)	Under age 16 M. (5)	F. (6)	M. (7)	16 and over F. (8)	Under age 16 M. (9)	F. (10)	M. (11)	F. (12)	Under age 16 M. (13)	F. (14)	M. (15)	F. (16)			
2. Number of Patients under Guardianship at 31-12-67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Number of Patients under L.H.A. care at 31-12-67	-	-	5	11	-	-	-	1	5	3	44	45	15	10	15	11	-	-	165
(a) Total Number	-	-	-	-	-	-	-	-	4	2	6	8	9	7	6	4	-	-	46
(b) Attending day training centre	-	-	-	-	-	-	-	-	1	-	-	-	6	3	-	-	-	-	10
Awaiting entry thereto	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Resident in residential training centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting residence therein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) Receiving home training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting home training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Resident in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting residence in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Resident at L.A. expense in other home	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Resident at L.A. expense by boarding out in private household	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(f) Receiving home visits and not included under (b) to (e)	-	-	5	11	-	-	-	1	-	1	38	37	-	-	9	7	-	-	109
4. Number of Patients in L.H.A. area on waiting list for admission to hospital at 31-12-67	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2
(a) In urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Not in urgent need of hospital care	-	-	-	-	-	-	-	-	1	-	3	4	-	1	2	4	-	-	15
5. Number of patients admitted temporarily for residential care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) To N.H.S. hospitals	-	-	-	-	-	-	-	-	-	-	-	3	3	1	1	1	-	-	9
(b) To L. A. Residential Accom.	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
(c) Elsewhere	-	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1967

REFERRED BY	MENTALLY ILL		PSYCHOPATHIC		SUB-NORMAL		SEVERELY SUB-NORMAL		GRAND TOTAL
	Under age 16 M. (1)	16 and over F. (2)	Under age 16 M. (5)	16 and over F. (6)	Under age 16 M. (9)	16 and over F. (10)	Under age 16 M. (13)	16 and over F. (14)	
(a) General practitioners	3	2 14 22	- - 1 -	- - 1 -	- - - -	- - - -	1 1 - -	- - - -	44
(b) Hospitals, on discharge from in-patient treatment	-	- 5 9	- - - 1	- - - 1	- - - -	- - - 1	- - - -	- - - -	16
(c) Hospitals, after or during out-patient or day treatment	-	- 3 6	- - - -	- - - -	1 - - 1	- - 1 -	- - - -	- - - -	11
(d) Local education authorities	3	2 - -	- - - -	- - - -	7 - - 1	- 2 1 -	2 1 - -	- - - -	18
(e) Police and courts	-	- 10 3	- - - -	- - - -	- - - 1	- - 1 -	- - - -	- - - -	14
(f) Other sources	1	1 3 5	- - - 1	- - - 1	1 - - 6	- 1 1 -	7 2 - -	- - - -	28
(g) Total	7	5 35 45	- - 1 2	- - 1 2	9 - - 10	- 3 3	10 4 - -	- - - -	131

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1967

Ages	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Acute Pneumonia	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio-Encephalitis	Dysentery	Puerperal Pyrexia	Optalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Under 1 year	—	—	—	—	—	—	—	—	—	—	—	12	1	—	—	—	—
1-2 Years	—	—	—	—	—	—	—	—	—	—	—	107	6	—	—	—	—
3-4 Years	—	1	—	—	—	—	—	—	1	—	—	156	7	—	—	—	—
5-9 Years	—	6	—	—	—	—	—	—	5	—	—	192	5	—	—	—	—
10-14 Years ..	—	—	1	—	—	—	—	—	3	—	—	19	3	—	—	—	—
15-24 Years ..	—	—	—	—	2	—	—	—	—	—	—	7	10	—	—	—	—
25 years and over ..	—	—	—	2	3	—	—	—	4	—	—	4	3	—	—	—	1
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Cases notified ..	—	7	1	2	5	—	—	—	13	—	—	499	35	—	—	—	1

NOTIFIABLE DISEASES, 1967

	Smallpox	Scarlet Fever	Paratyphoid Fever	Erysipelas	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Acute Pneumonia	Acute Poliomye- litis non-Paralytic	Acute Poliomye- litis Paralytic	Acute Polio- encephalitis	Dysentery	Puerperal Pyrexia	Optthalmia Neonatorum	Measles	Whooping Cough	Meningococcal Infection	Food Poisoning	Acute Infective Encephalitis	Typhoid Fever
Appleby ..	—	—	—	—	—	—	—	—	—	—	—	—	—	21	—	—	—	—	—
Kendal ..	—	—	—	—	—	—	—	—	—	—	—	—	—	116	1	—	—	—	1
Lakes ..	—	—	—	2	—	—	—	—	—	—	—	—	—	39	—	—	—	—	—
Windermere ..	—	—	1	—	—	—	—	—	—	—	—	—	—	143	6	—	—	—	—
N. Westmorland..	—	4	—	—	2	—	—	—	—	—	13	—	—	77	10	—	—	—	—
S. Westmorland..	—	3	—	—	1	—	5	—	—	—	—	—	—	103	18	—	—	—	—
Totals 1967 ..	—	7	1	2	3	—	5	—	—	—	13	—	—	499	35	—	—	—	1
Totals 1966 ..	—	14	1	—	6	3	5	—	—	—	—	—	—	486	23	1	2	—	2

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer—JOHN A. GUY, M.D., D.P.H.

Deputy Principal School Medical Officer—

I. S. BAILEY, M.A., M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer—M. D. MCGARRY, L.D.S.

School Dental Officers—

D. J. HARRISON, B.D.S.

J. B. MILLAR, B.D.S., L.D.S.

B. C. TOMLINSON, L.D.S., R.C.S.

Audiometrician—Part-time: Mrs. V. I. BIELBY.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—

O. M. DUTHIE, M.D., F.R.C.S.

Diseases of the Chest—

Dr. W. HUGH MORTON, Consultant Chest Physician, Chest Centre, Carlisle.

Dr. R. DOUGLAS YOUNG, Consultant Chest Physician, Lancaster and Kendal.

Consulting Psychiatrist—

Dr. R. C. CUNNINGHAM, Medical Superintendent, Royal Albert Hospital, Lancaster.

THE EDUCATION AREA

County of Westmorland:—

Area	...	...	...	504,917 acres
Population (estimated mid-1967)	...	...	...	68,030
Estimated Product of rd. Rate, 1967-68	...	...	...	£9,395
Number of Schools—Primary	...	...	...	82
Secondary	...	...	...	11
Nursery	...	...	...	1
Special	...	...	...	2
Number of pupils (January 1968)—				
Primary	...	...	...	6,022
Secondary	...	...	...	4,084
Nursery	...	...	...	52
Special	...	...	...	77
				10,235

MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected and it is gratifying to report that all milk now supplied to maintained schools in the County is designated, but the position cannot be regarded as entirely satisfactory until all supplies are heat-treated and delivered in one-third pint bottles.

County Schools

Designation of milk supplied.	No. of schools.
Untreated	24
Pasteurised	71
	95
Number of schools taking milk in other than $\frac{1}{3}$ -pint containers	10

Independent Schools

Untreated	3
Pasteurised	10
Number of schools taking milk in other than $\frac{1}{3}$ -pint containers	2

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 58 samples taken 7 failed to satisfy the prescribed tests.

Infestation (Uncleanliness)

During the past year 19,029 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 71 compared with 72 during the previous year. These figures show an unwelcome increase over the record low figure reported in 1965, but compare favourably with 708 children found unclean in 1945.

The following Table shows the incidence of infestation during the past ten years.

Year.	No. of examinations for uncleanliness.		No. of children found unclean.		Per cent of children found unclean.	
1958	...	21,790	...	100	...	1.4%
1959	...	20,872	...	57	...	0.8%
1960	...	18,693	...	107	...	1.5%
1961	...	19,124	...	94	...	1.8%
1962	...	19,287	...	82	...	1.3%
1963	...	18,736	...	110	...	1.7%
1964	...	18,502	...	71	...	1.0%
1965	...	16,956	...	35	...	0.5%
1966	...	15,691	...	72	...	1.0%
1967	...	19,029	...	71	...	1.0%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids now comprise only a small proportion of the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 17 pupils were referred to hospital on account of this defect as a result of school medical inspection, evidence is available to show that no less than 125 children received operative treatment for adenoids and chronic tonsillitis during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

The Department of Education and Science is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking medical officers to record for each child seen at periodic inspection whether he or she has undergone the operation at any previous time.

The figures observed in this County in 1967 are as follows:—

		No. examined.	No. who had had tonsillectomy.	Percentage.
Entrants	...	1,057	13	1.2
Intermediates	...	909	84	9.2
Leavers	...	870	131	15.0
Others	...	297	66	22.2

Children with special defects or abnormalities are referred to the hospitals in Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness and infected sinuses. Thirty-seven cases were referred during the past year compared with 26 in the previous year, due in large measure to the reference to hospital of a number of children found to be deaf as a result of routine audiometric surveys in the schools. The following list illustrates the type of case referred:—

Condition.	No. of children referred.
Defective hearing	32
Enlarged tonsils and adenoids with other symptoms	17
Other ear, nose and throat defects and infections	7

Speech Therapy

Number of children who have attended for Speech

Therapy	...	...	...	12
,, attendances made	...	...	...	340

Up to the time of writing we have still been unable to obtain a qualified full-time Speech Therapist to replace Miss Cade who resigned in August 1963, although, since April 1966, we have had the part-time services of Mrs. Spencer. Unfortunately, the amount of time she is available makes only a minute impression on the volume of work needing to be done.

Audiometric Surveys

In 1960 the Committee decided to institute routine audiometric surveys of children in attendance at maintained schools in the County. Now that this work is carried out by a part-time member of the staff who has no other duties it is possible to arrange the programme at times more convenient to the schools, and arrangements were made for the Audiometrician to receive instruction at Mr. Freeman's Ear, Nose and Throat Clinic, and also to attend a course of instruction in this work at Manchester University.

The normal procedure is for all children in attendance at a school to be subjected to a Sweep Test, using the Amplivox Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there

are unsatisfactory on account of noise, etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions, and when these exist the test is repeated when the condition has resolved.

Children whose response to further testing is still unsatisfactory are then seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

Figures showing the work undertaken in this connection are given below :—

Schools visited	...	...	...	36
Number of children sweep tested	...	...	...	3,378
Requiring further investigation	...	...	...	183

Child Guidance Clinic

The services of Dr. R. C. Cunningham continue to be available as Consultant Psychiatrist at the Child Guidance Clinic.

Number of attendances during 1967	...	...	11
„ cases	...	...	11

School Clinics

The Ministry has requested that this Report should give the location and details of the session held at the School Clinics, and the relevant information is given below :—

Location.		Types of Clinics.		Frequency of Sessions.
Health Services Clinic,				
Kendal	...	Dental treatment	...	Daily
		Ophthalmic examination	...	Weekly
		Speech Therapy	...	As required
		Vaccination	...	As required
		Child Guidance	...	As required
U.D.C. Offices,				
Ambleside	...	Dental	...	As required
Appleby Clinic	...	Dental	...	As required
		Vaccination	...	As required

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.

Number of children known to be attending Hospital Out-Patient Departments during the year was 90.

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school-teachers or the Educational Adviser to the School Medical Officer who examines them and reports to the Local Education Authority. The number of cases examined during the year was 44, of whom 31 were recommended for admission to Special Schools for educationally subnormal pupils, 1 for partially hearing pupils, and 1 for blind pupils.

In addition, 4 children were found to be ineducable and recommended for action under Section 57(4), Education Act, 1944. Five children were referred for further examination after a trial period; 2 children were recommended for special help in ordinary schools. A copy of the report on each case is submitted to the Educational Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The position with regard to the placing of pupils in special boarding-schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend, whilst the opening of Roundhills School, Kendal, a day Special School for Educationally Subnormal Pupils has gone far to remove the main cause of objection on the part of parents, i.e. unwillingness to allow children to leave home.

I am indebted to the Director of Education for the figures in the Tables on pages 68 to 70.

Treatment of Defective Vision

All schoolchildren found to be suffering from refractive errors are referred for examination under the Supplementary Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, sessions are held as required at the Kendal Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Mr. O. M. Duthie, F.R.C.S., formerly Consultant Ophthalmologist at the Manchester Royal Eye Hospital, now undertakes the work at the Kendal Clinic.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision ... 251

B.C.G. VACCINATION OF SCHOOLCHILDREN

A full report on the B.C.G. Vaccination arrangements is given in the Report of the County Medical Officer of Health, but it may be mentioned here that during 1967 the following work relating to school-children was undertaken:—

Number Skin Tested.	Number Positive.	Number Vaccinated.	Percentage Positive.
887	32	852	3.6

The percentage of children found positive shows a slight increase over the figure of 3.04% recorded last year which was the lowest so far recorded.

POLIOMYELITIS VACCINATION

This work is carried out under the control of the Local Health Authority and is reported fully in the Report of the County Medical Officer of Health, but I would here like to acknowledge once again the ready co-operation of the teachers and their forbearance in the frequent interruption of the school routine which repeated visits to the schools in connection with this work entails.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1967

I have the honour to present the annual report for the School Dental Service for the County of Westmorland for 1967. The Statistical tables will be found on pages 66 and 67.

Staff

During 1967 no change in staffing occurred amongst the Dental Officers. Miss L. Atkinson resigned from her post as Dental Surgery Assistant on 9th August, 1967, and was replaced by Miss G. Warmington.

Dental Inspection and Treatment

The inspection figures show a fall from the previous year when all schools in the County had a routine inspection. The schools which were not inspected during 1967 have fallen behind mainly because of an increased acceptance of treatment in the other schools in the area of the Dental Officer who serves them.

The treatment figures again show an overall increase along the lines of previous years, with the ratio of permanent fillings to permanent extractions remaining static at about 10 to 1.

The acceptance rate for those children to whom treatment is offered varies from an average of 60% in the Kendal area, with its good local dental practitioner backing, to an average in excess of 90% in the rural areas of the County, where a number of smaller schools give the gratifying response of 100% acceptance of treatment.

Dental Health Education

As in previous years, dental health education has been carried out by the Dental Officers through talks and demonstrations. The acceptance rates of treatment referred to above are surely a tribute to the effectiveness of the Dental Health Education of previous years. In addition, the problem of the child who does not accept treatment from either our service, or the local dental practitioner service, has become a very minor one, in terms of numbers, over the years.

In all dental health education talks, the importance of fluoridation as a preventative measure is stressed. Recent publicity has been given to the research findings which have produced the enzyme Dextranase, as a preventive agent in the incidence of caries.

It must be emphasized that these findings up to date offer no comparable practical application of Dextranase as a caries inhibitor as compared with the fluoridation of water supplies.

In conclusion, I wish to thank Dr. Guy for his support, the teaching staff of the County for their generous co-operation, and all members of the dental staff for their work during the year.

M. D. McGARRY,
Principal School Dental Officer.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected	Pupils found to require treatment			Total individual pupils
(1)	(2)	Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any of the other conditions recorded in Pt. II	(7)
1963 and later	123	123	—	2	4	4
1962	716	716	—	7	27	32
1961	218	218	—	4	7	11
1960	60	60	—	6	3	8
1959	55	55	—	4	2	6
1958	49	49	—	3	2	5
1957	777	776	1	23	12	35
1956	132	132	—	5	3	7
1955	67	67	—	3	1	4
1954	42	42	—	3	1	4
1953	24	24	—	3	1	4
1952 and earlier	870	870	—	34	8	42
Total	3133	3132	1	97	71	162

Col. 3 as percentage of Col. 2 — 99.96%.

Col. 4 as percentage of Col. 2 — 0.04

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	84
Number of Re-Inspections	..	..	..	3,710
			Total	..
				3,794

C.—INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	..	..	..	19,029
(ii) Total number of individual pupils found to be infested	..			71
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)				4
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	..			Nil.

PART II.—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect code (1)	Defect or Disease (2)		Periodic Inspections				Special Inspec- tions
			Entrants	Leavers	Others	Total	
4	Skin	T	3	1	3	7	—
		O	37	7	18	62	—
5	Eyes (a) Vision	T	14	33	50	97	22
		O	49	48	140	237	27
	(b) Squint	T	18	—	3	21	3
		O	32	1	14	47	2
	(c) Other	T	1	—	1	2	—
		O	3	1	7	11	1
6	Ears (a) Hearing	T	—	2	3	5	—
		O	34	7	35	76	5
	(b) Otitis Media ..	T	—	1	1	2	—
		O	39	2	18	59	1
	(c) Other	T	—	—	—	—	—
		O	—	—	1	1	—
7	Nose and Throat	T	7	1	9	17	1
		O	197	15	88	300	1
8	Speech	T	3	—	3	6	1
		O	17	—	3	20	1
9	Lymphatic Glands	T	—	—	—	—	—
		O	164	5	55	224	—
10	Heart	T	—	—	—	—	—
		O	11	1	2	14	—
11	Lungs	T	—	—	—	—	—
		O	35	2	21	58	—
12	Developmental (a) Hernia ..	T	—	—	—	—	—
		O	7	1	4	12	—
	(b) Other	T	1	—	2	3	—
		O	32	1	20	53	—
13	Orthopaedic (a) Posture ..	T	—	—	—	—	—
		O	1	9	11	21	—
	(b) Feet	T	3	1	—	4	1
		O	123	19	71	213	2
	(c) Other	T	1	2	1	4	—
		O	46	10	20	76	—

T = found to require treatment.
O = found to require observation.

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR—*continued*

Defect code (1)	Defect or Disease (2)		Periodic Inspections				Special Inspec- tions
			Entrants	Leavers	Others	Total	
14	Nervous System (a) Epilepsy ..	T	—	—	1	1	1
		O	3	—	4	7	—
	(b) Other ..	T	—	—	—	—	—
		O	10	1	6	17	—
15	Psychological (a) Development ..	T	—	—	—	—	—
		O	2	—	5	7	2
	(b) Stability ..	T	—	—	—	—	—
		O	5	—	4	9	—
16	Abdomen	T	—	—	1	1	—
		O	6	1	7	14	1
17	Other	T	1	—	1	2	2
		O	26	6	41	73	6

T = found to require treatment.
O = found to require observation.

PART III

A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:

External and other, excluding errors of refraction and squint ..	—
Errors of refraction, including squint	251
	<hr/>
Total ..	251
	<hr/>
Number of pupils for whom spectacles were prescribed ..	168

B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been treated:

Received operative treatment:—

(a) for diseases of the ear	12
(b) for adenoids and chronic tonsillitis	125
(c) for other nose and throat conditions	36
Received other forms of treatment	59
	<hr/>
Total ..	232
	<hr/>

Total number of pupils known to have been provided with hearing aids:—

(a) in 1967	6
(b) in previous years	16

C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—

(a) Treated at clinics or out-patient departments ..	90
(b) Treated at school for postural defects	—
	<hr/>
Total ..	90
	<hr/>

D.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated				
Ringworm—(a) Scalp	—				
(b) Body	—				
Scabies	—				
Impetigo	—				
Other skin diseases	I				
	—				
	Total ..	I			
	—				

E.—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Clinics	11
---	----

F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	17
--	----

G.—OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:	
(a) Pupils with minor ailments	—
(b) Pupils who have received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	852
(d) Other:	
Miscellaneous Medical and Surgical conditions	166
	—
	Total .. 1,018
	—

NOTE—It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practioners.

SCHOOL DENTAL SERVICE

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
1. Attendances & Treatment				
First Visit	1,868	1,328	391	3,587
Subsequent visits	1,606	1,607	766	3,979
Total visits.. ..	3,474	2,935	1,157	7,566
Additional courses of treatment commenced ..	237	294	69	600
Fillings in permanent teeth	1,280	3,397	1,658	6,335
Fillings in deciduous teeth	1,992	74	—	2,066
Permanent teeth filled ..	979	2,691	1,539	5,209
Deciduous teeth filled ..	1,707	71	—	1,778
Permanent teeth extracted	69	426	143	638
Deciduous teeth extracted	1,129	361	—	1,490
General anaesthetics ..	137	43	1	181
Emergencies	114	38	6	158
Number of Pupils X-rayed .. ..	..	..	..	121
Prophylaxis .. ..	..	..	..	395
Teeth otherwise conserved .. ..	..	..	..	822
Number of teeth root filled .. ..	..	..	..	13
Inlays .. ..	..	..	..	7
Crowns .. ..	..	..	..	16
Courses of treatment completed .. ..	..	..	..	3,532

2. Orthodontics

Cases remaining from previous year	49
New cases commenced during year	38
Cases completed during year	30
Cases discontinued during year	2
Number of removable appliances fitted	65
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant	23

3. Prosthetics

Pupils supplied with F.U.
or F.L. (first time) ..

Pupils supplied with other
dentures (first time) ..

Number of dentures sup-
plied

5 to 9	10 to 14	15 and over	Total
—	1	—	1
2	10	4	16
3	14	5	22

4. Anaesthetics

General Anaesthetics administered by Dental Officers ..

181

5. Inspections

(a) First inspection at school. Number of Pupils ..

8,675

(b) First inspection at clinic. Number of Pupils ..

346

Number of (a) + (b) found to require treatment ..

5,801

Number of (a) + (b) offered treatment

4,821

(c) Pupils re-inspected at school clinic

967

Number of (c) found to require treatment ..

652

6. Sessions

Sessions devoted to treatment

1,349

Sessions devoted to inspection

99

Sessions devoted to Dental Health Education

46

RETURN OF HANDICAPPED PUPILS

In the Calendar Year:—

A. Handicapped Pupils **newly assessed** as requiring education at Special Schools or Boarding in homes

B. (i) Handicapped Pupils (included at A) **Newly placed** in Special Schools or Homes

(ii) Of the children assessed prior to January, 1967 numbers who were newly placed in special schools (other than Hospital Special Schools) or boarding homes

Total B (i) and B (ii)

Number of children who were subject to new decisions recorded under Section 57 of the Education Act, 1944
 Number of children for whom reviews were carried out under the provisions of Section 57A of the Education Act, 1944

C. On 18th January, 1968, Number of Handicapped Pupils requiring places in Special Schools:

(i) Total—

(a) Day
 (b) Boarding

(1) (2)	Blind Partially sighted	(3) (4)	Deaf Partial hearing	(5) (6)	Physically Handicapped Delicate	(7) (8)	Maladjusted Educationally sub-normal	(9) (10)	Epileptic Speech Defects	Total 1-10
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
I	—	—	I	—	—	—	34	—	—	37
I	—	—	—	—	—	—	30	—	—	31
—	—	I	—	—	—	—	24	—	—	25
I	—	I	—	—	—	—	54	—	—	56
										4
										Nil
—	—	—	—	—	—	—	—	—	—	—
—	I	—	I	I	—	—	4	—	—	7

RETURN OF HANDICAPPED PUPILS (continued)

	(1) (2)	Blind Partially sighted	(3) (4)	Deaf Partial hearing	(5) (6)	Physically Handicapped Delicate	(7) (8)	Maladjusted Educationally sub-normal	(9) (10)	Epileptic Speech Defects	Total 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(ii) Number in (i) above who have not reached the age of five years—											
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	—	—	1	—	—	—	—	—	—	1
(iii) Number in (i) above who have reached the age of five years but whose parents had refused consent to their admission to Special School—											
(a) Awaiting day places ..	—	—	—	—	—	—	—	—	—	—	—
(b) Awaiting boarding places..	—	—	—	—	—	—	—	—	—	—	—
On 18th January, 1968:—											
D. (i) Number of Handicapped Pupils from the area—											
(1) attending maintained Special Schools as Day Pupils..	—	—	—	—	1	—	—	59	—	—	60
as Boarding Pupils ..	—	—	—	1	—	—	—	8	1	—	10
(2) were on the registers of non-maintained Special Schools	2	—	2	5	1	—	—	4	—	—	14

RETURN OF HANDICAPPED PUPILS (*continued*)

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partial hearing	(5) Physically Handicapped (6) Delicate	(7) Maladjusted (8) Educationally sub-normal	(9) Epileptic (10) Speech Defects	Total 1-10
(ii) Were on the registers of In- dependent Schools (under ar- rangements made by the auth- ority)	—	—	—	1	—	8
Total D (i) and D (ii)	2	2	6	1	1	92

E. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—

(i) In hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At home	—	—	—	—	1	—	—	—	—	—	1

TYPE OF EXAMINATION AND/OR TREATMENT

provided, at the School Clinics, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment	Number of School Clinics (i.e., premises) where such treatment is provided—	
	directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Gov- ernors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment	—	—
B. Ophthalmic*	1	—
C. Ear, Nose and Throat ..	—	—
D. Pædiatric†	—	—
E. Speech Therapy	1	—
F. Sunray (U.V.L.)	—	—
G. Vaccination and Immunis- ation	2	—
H. Audiology	—	—

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

† Clinics for children referred to a specialist in children's diseases.

CHILD GUIDANCE CENTRES

Number of Child Guidance Centres provided by the Authority 1

Staff of Centres	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.01
Educational Psychologists ..	1	0.02
Psychiatric Social Workers ..	Nil	Nil
Others (specify)		
Mental Welfare Officer ..	1	0.02

The Psychiatrist is made available by the Manchester Regional Hospital Board.

